

What Nurses Need to Know About Trauma-Informed Care (Lubbers & Bowen-Withington, 2026)

Supplementary File: Summary of scoping review final articles, including aims and key findings

Author(s), Date, Country	Aim/Purpose	Methods, Design, Participants	Key Findings
Bergman et al. (2019) USA	To understand primary care providers (PCP) current approaches to treating female veterans with past sexual trauma to inform trauma-sensitive primary care.	Qualitative: semi-structured interview with 28 PCPs from veterans' Health Administration primary care clinics.	Challenges in delivering care include, 1) insufficient time; 2) lack of perceived proficiency and/or personal comfort; 3) difficulties with fostering positive patient-provider relationships. Participants more ' <i>comfortable providing trauma-sensitive care</i> ' included: previous background/training, a personal history of sexual trauma, previous exposure to delivering trauma-sensitive care, and a background in rape/crisis counselling. Solutions: increase staffing, improve resource access, ensure provider availability, and enhance assessment skills.
Brooks et al. (2018) Australia	To explore how TIC can support recovery from adversity and illness among young women (aged 12-25) attending a drop-in clinic at Blue Mountains Women's Health and Resource Centre.	Qualitative: focus group and interview with 14 purposively selected clients and a staff group, including two nurses.	Principles of TIC include, 1) 'holding': empathetic, skilled staff creating a safe space; 2) understand the impact of trauma on health; 3) recognise the consequences of trauma in consultations; 4) adapt consultation length to client needs; 5) provide trauma therapy alongside physical healthcare; 6) provide long-term, safe relationships with staff; 7) trauma-sensitive gynaecological care; 8) importance of self-care for health practitioners.

<p>Bruce et al. (2018) USA</p>	<p>To examine healthcare providers' knowledge, attitudes, practices, competence, and perceived barriers to TIC implementation while working in an urban academic medical centre with a regional resource trauma centre.</p>	<p>Qualitative (cross-sectional): anonymous web survey to assess attitude, knowledge, perceived competence, and practice of TIC among 147 staff (nurses (65%), therapists (18%) and physicians (17%)) working in trauma resuscitation, trauma critical care, and trauma care units.</p>	<p>Significant barriers to provide TIC across all providers include, time constraints, need for training, confusing information, and worry about re-traumatisation.</p> <p>Frequent TIC practices include teaching patients' management strategies for pain and anxiety, asking questions to assess the patient's experience of distress, and asking family members questions to assess patient distress.</p> <p>Self-rated competence was the most consistent predictor of reported use of TIC practices.</p>
<p>Choi & Seng (2014) USA</p>	<p>To gather information from various clinicians about their continuing education needs to provide perinatal care to individuals with a history of maltreatment and PTSD.</p>	<p>Qualitative (descriptive): telephone Interviews with maternity professionals. Network and purposive sampling included physicians, nurse practitioners, midwives, nurses, and doulas (n=20).</p>	<p>Most providers lack training in caring for women with childhood maltreatment or PTSD but want to learn TIC. Educational needs include understanding PTSD pathophysiology, recognising and anticipating clinical behaviours of abuse regardless of disclosure, concrete tools and interventions, therapeutic communication strategies that invite trauma disclosure, trauma screening and trauma vocabulary.</p> <p>Successful TIC practices include, invitation of trauma disclosure, relevant trauma history questions, appropriate timing of trauma history questions', active listening, avoidance of victim blaming, accommodation of preferences and client control and acceptance of trauma impacts.</p>
<p>Goddard et al. (2022) USA</p>	<p>To provide a definition and framework for the conceptual meaning of TIC as a foundation for all nursing professionals.</p>	<p>Concept Analysis: Exhaustive search of PubMed, CINAHL, ERIC, and PsychINFO, with 15 relevant included.</p>	<p>Antecedents: universal precautions of trauma (presumed or actual) and a trauma-informed environment.</p> <p>Attributes: trauma awareness, strength-based, and empathy.</p> <p>Consequences: empowerment, relationship-building, and a reduction in trauma triggers.</p>

<p>Guest (2012) USA</p>	<p>To provide an in-depth analysis of the concept of TIC and explore the use of the concept in the nursing arena.</p>	<p>Concept Analysis: search of PubMed, Cumulative Index of Nursing and Allied Health Literature, and PsycINFO for 23 relevant documents.</p>	<p>Antecedents: trauma, education, and skills Attributes: recognition, knowledge, concern, and respect. Positive consequences: identification, safety, and resources. Negative consequences: psychological stress, care provider burden, and vicarious trauma.</p>
<p>Hall et al. (2016) Australia</p>	<p>To evaluate the effectiveness of TIC education for ED nurses and describe the subsequent trauma-informed clinical practice (for people presenting with mental health crisis).</p>	<p>Mixed methods: quantitative questionnaire and qualitative focus groups of emergency department nurses (n=34 in TIC education, n=14 in focus groups conducted at least 3-months post education).</p>	<p>Quantitative data: TIC education increased nurses' confidence in discussing trauma, responding to disclosures, and applying trauma-informed practices, but did not improve confidence in listening, understanding the ED environment's impact, or responding to trauma disclosures. Qualitative data themes: 1) Effectiveness of the TIC education: improved understanding of TIC and the beginnings of an attitudinal change; 2) Changes in nursing practice; improvements in a person-centred approach and limitations of TIC</p>
<p>Head & Heck (2022) USA</p>	<p>To identify nursing actions that ease undesirable feelings during perinatal care for survivors of childhood sexual abuse (CSA) and identify gaps in the literature on perinatal care for CSA survivors.</p>	<p>Scoping Review: MEDLINE and CINAHL databases identified 14 relevant articles.</p>	<p>Improved care requires: 1) Prioritisation of consent 2) Promotion of safety, trust, and control 3) Fostering a healthy nurse-patient relationship 4) Inquiry about abuse Literature lacks guidance on assessing nonverbal cues of CSA. Nurses must build trust, give survivors control, obtain informed consent before any touch, and directly ask about CSA history as part of patient-centred care.</p>

<p>Muskett (2014) Australia</p>	<p>To identify and critically review the literature for observable and practical nursing examples of TIC that can be readily adopted in acute inpatient mental health areas.</p>	<p>Literature Review: databases of Psychology and Behavioural Sciences, Nursing and Allied Health Comprehensive and Biomedical Collections were searched, 13 relevant papers included.</p>	<p>TIC focuses on the nurse-client relationship and prioritises client-centred care. Effective TIC requires a committed leader. Nurses must be involved in data collection and use data on involuntary admission, seclusion, restraint, and trauma history screening. They should be confident and competent in delivering TIC. The environment should be comfortable and calming. The nurse-client relationship is crucial to the patient's care experience, and emphasising this relationship fosters self-determination and autonomy.</p>
<p>Poldon (2012) Canada</p>	<p>To explore how sexual assault nurse examiners incorporate TIC approaches in caring for adult and post-pubescent adolescent victims/survivors of sexual violence.</p>	<p>Qualitative: semi-structured interviews with 8 purposively selected participants from assault nurse examiner programs.</p>	<p>Themes include: 1) understanding the patient's experience; 2) personalised connection: developing a safe nurse-patient relationship; 3) choice: the framework of how we do things; 4) re-building strengths and skills to support healing and post-traumatic growth; 5) facilitators and benefits of trauma-informed practice; 6) challenges to trauma-informed practice.</p>
<p>Reeves (2015) USA</p>	<p>To examine existing literature on TIC for survivors of physical and sexual abuse and explore implications for trauma-informed care research, practice and policy.</p>	<p>Literature Review: databases PubMed and CINAHL were searched, 26 publications included.</p>	<p>Findings include: 1) trauma screening and patient disclosure; 2) developing trusted provider-patient relationships (nurses must work against the power imbalance often reminiscent of abuse); 3) minimising patient distress and maximising patient autonomy; 4) multi-disciplinary collaboration and appropriate referrals; 5) TIC expansion and implementation in diverse nursing settings.</p>

<p>Stokes et al. (2017) Canada</p>	<p>To explore nurses' understandings and experiences related to TIC in a psychiatric or mental health setting.</p>	<p>Qualitative: semi-structured, face-to-face, and telephone interview. Seven mental health/psychiatric nurses were recruited in a two-phase process.</p>	<p>Findings include: 1) Conceptualising Trauma and Trauma-Informed Care (inductive learning); 2) Nursing Care and Trauma; basic nursing care related to a patient-centred approach, awareness of labels and preconceptions, and safety and control in the context of trust; 3) Context of Trauma-Informed Care (quantification, lack of time, organisational timelines, need for education); 4) Dynamics of the nurse-patient relationship in the face of trauma</p>
<p>Varghese & Emerson (2012) USA</p>	<p>A definition of TIC in the primary care setting for nurse practitioners.</p>	<p>Evolutionary analysis: CINAHL, PsycINFO, Social Work Abstracts, Scopus, and PubMed were searched. Thirty-one articles included.</p>	<p>TIC in primary care is a "strengths-based approach in which trained, trauma-aware healthcare professionals provide services that prioritise safety, empowerment, and support, resulting in improved patient satisfaction and healthcare engagement in individuals who have experienced trauma". Antecedents: trauma competence, health professional readiness, and survivor readiness. Attributes: safety, empowerment, and support. Consequences: improved patient satisfaction and improved healthcare engagement.</p>
<p>Wilson et al. (2023) Australia</p>	<p>To explore the lived experience of mental health nurses providing TIC and what it means for them to provide TIC in the acute mental health environment.</p>	<p>Qualitative (Phenomenological study): semi-structured interviews with 29 participants currently/previously employed in acute mental health.</p>	<p>Themes include: 1) Embodied trauma-informed milieu - the position of the nurse as part of the landscape for TIC relationships; 2) Trauma-informed relationality - the relational elements of TIC for the nurse; 3) Temporal dimensions of trauma-informed mental health nursing (compassion fatigue, vicarious trauma)</p>
<p>Wilson et al. (2017) Australia</p>	<p>What is known about mental health nurses and the challenges they face in embedding TIC into acute inpatient environments.</p>	<p>Literature Review of CINAHL, PsychINFO, PsycARTICLES, Psychology and Behavioral Sciences, Web of Science, and Cochrane Collaboration databases, with 10 articles included.</p>	<p>Five themes: therapeutic relationship, recovery, choice and control, seclusion/restraint, environment. Few studies address TIC in Australian acute mental health. TIC improves organisational culture and care. Nurses must lead, train, and support TIC implementation.</p>